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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/774,134-Conf. #8389 |
| | Filing Date | February 6, 2004 |
| | First Named Inventor | Carl M. Hoffmaster |
| | Art Unit | 3672 |
| | Examiner Name | H. C. Dang |
| Total Number of Pages in This Submission | Attorney Docket Number | 05516/089003 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Appeal Pre-Appeal Brief Request for Review Return Receipt Postcard |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------|----------|--------|
| Firm Name | OSHA · LIANG LLP | | |
| Signature | | | |
| Printed name | Jeffrey S. Bergman | | |
| Date | August 17, 2005 | Reg. No. | 45,925 |

| | |
|--|-------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV736098080US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: August 17, 2005 | Signature: (Michelle Hayden) |



PTO/SB/17 (12-04v2)
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|--|--------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/774,134-Conf. #8389 |
| | | Filing Date | February 6, 2004 |
| | | First Named Inventor | Carl M. Hoffmaster |
| | | Examiner Name | H. C. Dang |
| | | Art Unit | 3672 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 05516/089003 |
| TOTAL AMOUNT OF PAYMENT | (\$) 500.00 | | |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha · Liang LLP</u> | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|----------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| 17 | - 20 = | x | = | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | |
| 1 | - 3 = | x | = | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 | (round up to a whole number) x | = | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1401 Notice of appeal | 500.00 |

| | | | |
|---------------------|--------------------|-----------------------------------|-----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 45,925 |
| Name (Print/Type) | Jeffrey S. Bergman | Telephone | (713) 228-8600 |
| | | Date | August 17, 2005 |

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Dated: August 17, 2005

Signature:

(Michelle Hayden)